

# Foster Family Home - Corrective Action Report

Provider ID: 2-090047

Home Name: Dino Cacpal, CNA

15-1364 Poni Mol Street

Keaau HI 96749

Review ID: 2-090047-8

Reviewer: Carol Copeland

Begin Date: 5/24/2017

End Date: 6/26/17

**RECEIVED**

JUN 15 2017

BY: .....

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three-client home. Home in compliance on day of survey. ~~Corrective Action~~  
Report issued with no plan of correction due to CTA. Home is eligible for a two year recertification for three clients.

*Carol Copeland*  
Compliance Manager

*Dino L. Cacpal*  
Primary Care Giver

*6-19-17*  
Date

*6-9-17*  
Date